

EXHIBIT C

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 AT CHARLESTON

8 -----

10 CONSOLIDATION:

12 Ethicon, Inc., et al.

14 -----

16

17 DEPOSITION OF

19

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21 HIGHLY CONFIDENTIAL PORTION

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23

24 September 11, 2015

25 9:00 a.m. - 5:05 p.m.

Vladimir Iakovlev, M.D.

1 go over that again. Can we confirm that you
2 followed the same steps?

3 A. Yes, I can confirm that.

4 Q. Doctor, what is a neuropathologist?

5 A. Neuropathologist?

6 Q. Yes.

7 A. Neuropathologist is a surgical
8 pathologist who is specializing in examining brain
9 tissue or spinal cord. Sometimes it's the
10 subspecialty people do just neuropathology;
11 sometimes there is cross-coverage.

12 In our institution we have a
13 neuropathologist but it's only one. Sometimes he
14 goes away on meetings, so we cover neuropathology.

15 Q. Are you a neuropathologist?

16 A. I'm cross-covering neuropathology
17 when he is away but I have not specialized in
18 neuropathology.

19 Q. Are you board certified in
20 neuropathology?

21 A. No, and you don't have to be board
22 certified in neuropathology because surgical
23 pathology includes neuropathology.

24 I mean, you can sub specialize further
25 down, but it depends on specific institution.

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1 Because some institutions have a large number of
2 specialized cases and some institutions they cover
3 broad range.

4 Q. You said you had a
5 neuropathologist at St. Michael's?

6 A. Yes, we do.

7 Q. What is the person's name?

8 A. Dr. David Munoz.

9 Q. Is that the only neuropathologist
10 at St. Michael's?

11 A. Right now, yes.

12 Q. Did you consult with Doctor --
13 what's his last name?

14 A. Munoz.

15 Q. M-U-N-O-Z?

16 A. Yes.

17 Q. Did you consult with Dr. Munoz in
18 connection with any of the opinions that you've
19 given in this case?

20 A. No.

21 Q. Did you consult with any
22 neuropathologist in connection with the opinions
23 you've given in this case?

24 A. We're not talking about brain
25 tumors; we're talking about sub tissue

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1 transvaginal. I mean, why would I consult a
2 neuropathologist?

3 Q. Just a simple yes or no question?

4 A. No, I didn't. There was no
5 purpose.

6 Q. Did you consult any neuropathology
7 textbooks in connection with your opinions in this
8 case?

9 A. Specifically just recently?

10 Q. Any time during your work in this
11 case?

12 A. Not in this case. I opened and
13 read several neuropathology books when I was doing
14 research in meshes. It's not just neuropathology
15 books, I mean, neuropathology is described in
16 general surgical pathology books. Because I've
17 been in this field for three years.

18 Q. I understand. Just specific
19 questions, we'll get done quicker if you answer
20 "yes" or "no", if you can, and I'm not trying to
21 pin you down.

22 Is it your belief that neuropathology
23 has no role in understanding the presence of nerves
24 in the pelvic floor?

25 MR. ORENT: Objection to form.

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1 experience. We are talking about basic function.

2 Q. In Canada, is there a board
3 certification for your position as anatomical
4 pathologist?

5 A. Yes, there is.

6 Q. Is there a board certification for
7 neuropathologists?

8 A. I'm not sure, but we are
9 practicing neuropathology with this anatomical
10 pathology certification.

11 Q. As far as you recall, you haven't
12 consulted with any neuropathologists in connection
13 with your work in this mesh litigation; fair?

14 MR. ORENT: Objection.

15 THE WITNESS: Not for this specific
16 case. Earlier, when I started research, I ask a
17 few questions which stain sometimes it was better
18 to use when there is pathology of nerves.

19 BY MR. THOMAS:

20 Q. Who did you ask?

21 A. Dr. Munoz, but I think it was even
22 before the litigation started.

23 Q. And what did you ask Dr. Munoz?

24 A. Which stains he was using, if he
25 was using something different that I was using.

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1 A. If anything else he's using to
2 examine nerve atrophy or degeneration.

3 Q. And what were you using to analyze
4 that question?

5 A. Just locating H&E.

6 Q. And Dr. Munoz said that was what
7 he was using to analyze the same question?

8 A. He said that you can see it on
9 H&E, but there are a number of other stains to
10 examine for nerve atrophy.

11 Q. And what stains did he tell you
12 that you could use, other than H&E?

13 A. Well, you can see some of the
14 atrophy on S100 -- I don't remember exactly what he
15 said because it was three years ago, because now
16 what I remember it might be coming from different
17 sources, so from my own experience.

18 Q. Do you have a specific
19 recollection of talking to any neuropathologist who
20 gave you any information about how to conduct your
21 investigation into these meshes?

22 A. I don't understand your question.

23 Q. You've told me about conversation
24 you had with Dr. Munoz. Do you have a specific
25 recollection, you remember having any conversations

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1 with any neuropathologists about how to conduct
2 your work in these cases?

3 A. Why would I?

4 Q. I'm just asking you if you did or
5 not?

6 A. No, I didn't.

7 Q. Thank you. Now, Exhibit No. 1 and
8 Exhibit No. 2 are your reports in this case; we
9 talked about that already. They contain a number
10 of images?

11 A. That's correct.

12 Q. Have you supplied copies of all
13 those images on this thumb drive?

14 A. No, because they're already
15 included in the report. I can produce them for you
16 separately.

17 Q. Do you have digital images of the
18 slides in this report?

19 A. Of course.

20 Q. But they're not on the thumb
21 drive?

22 A. No, because they're already in the
23 report.

24 Q. Do you have images of the tissue
25 samples that are contained in the report that are

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1 Q. Correct.

2 A. Now, if you go to page 33, this
3 will be an example where it would be directly
4 effecting the nerve trunk. Impingement of the
5 nerve.

6 Q. Now, are you able, in these
7 images, 30 to 33, to show me any nerve receptors?

8 A. You mean receptors, nerve endings.
9 When it goes really small, you can see really
10 fiber, and it is -- most of the ends will have no
11 staining, because they just disappear. But I mean,
12 you'd have to go in higher magnification.

13 Q. So with the magnification you have
14 here, you're not able to identify any nerve
15 receptors; is that fair?

16 A. No, not in these pictures. It's
17 too small magnification.

18 Q. I have to ask the question again
19 because you answered "no" to a negative question.

20 It's fair to understand that based on
21 the magnification that you have in these images on
22 pages 30 to 33, you can't identify any nerve
23 receptors, correct?

24 A. I cannot see nerve receptors at
25 this degree of magnification.

Vladimir Iakovlev, M.D.

1 CERTIFICATE OF REPORTER

2 CANADA)

3 PROVINCE OF ONTARIO)

4

5 I, Judith M. Caputo, the officer before whom the
6 foregoing deposition was taken, do hereby certify
7 that the witness whose testimony appears in the
8 foregoing deposition was duly sworn by me; that the
9 testimony of said witness was taken by me in
10 shorthand, using Computer Aided Realtime, to the
11 best of my ability and thereafter reduced to
12 written format under my direction; that I am
13 neither counsel for, related to, nor employed by
14 any of the parties to the action in which the
15 deposition was taken, and further that I am not
16 related or any employee of any attorney or counsel
17 employed by the parties thereto, nor financially or
18 otherwise interested in the outcome of the action.

19

20

21 _____

22 Judith M. Caputo, RPR, CSR, CRR

23

24 Commissioner for taking

25 Oaths in the Province of Ontario